

TRUSTEE'S PROPOSED DISTRIBUTION

Exhibit D

Case No.: 09-55874
Case Name: PANOVICH, DAWN M.
Trustee Name: Robert S. Thomas II

Claims of secured creditors will be paid as follows:

<i>Claimant</i>	<i>Proposed Payment</i>
N/A	

Applications for chapter 7 fees and administrative expenses have been filed as follows:

<i>Reason/Applicant</i>	<i>Fees</i>	<i>Expenses</i>
<i>Trustee</i> <u>Robert S. Thomas II</u>	\$ <u>212.53</u>	\$ <u>33.84</u>
<i>Attorney for trustee</i> _____	\$ _____	\$ _____
<i>Appraiser</i> _____	\$ _____	\$ _____
<i>Auctioneer</i> _____	\$ _____	\$ _____
<i>Accountant</i> _____	\$ _____	\$ _____
<i>Special Attorney for trustee</i> _____	\$ _____	\$ _____
<i>Charges,</i> <u>U.S. Bankruptcy Court</u>	\$ _____	\$ _____
<i>Fees,</i> <u>United States Trustee</u>	\$ _____	\$ _____
<i>Other</i> _____	\$ _____	\$ _____

Applications for prior chapter fees and administrative expenses have been filed as follows:

<i>Reason/Applicant</i>	<i>Fees</i>	<i>Expenses</i>
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U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO
AKRON

Attorney for debtor	_____	\$ _____	\$ _____
Attorney for	_____	\$ _____	\$ _____
Accountant for	_____	\$ _____	\$ _____
Appraiser for	_____	\$ _____	\$ _____
Other	_____	\$ _____	\$ _____

In addition to the expenses of administration listed above as may be allowed by the Court, priority claims totaling \$0.00 must be paid in advance of any dividend to general (unsecured) creditors.

Allowed priority claims are:

Claim Number	Claimant	Allowed Amt. of Claim	Proposed Payment
N/A			

The actual distribution to wage claimants included above, if any, will be the proposed payment less applicable withholding taxes (which will be remitted to the appropriate taxing authorities).

Timely claims of general (unsecured) creditors totaling \$ 64,290.84 have been allowed and will be paid pro rata only after all allowed administrative and priority claims have been paid in full. The timely allowed general (unsecured) dividend is anticipated to be 0.9 percent.

Timely allowed general (unsecured) claims are as follows:

Claim Number	Claimant	Allowed Amt. of Claim	Proposed Payment
_____	American Infosource Lp As		
1	Agent for	\$ 820.10	\$ 7.70
3	TARGET NATIONAL BANK	\$ 1,364.04	\$ 12.81
4	Robinson Memorial Hospital	\$ 225.06	\$ 2.11
5	Robinson Health Affiliates	\$ 196.54	\$ 1.85
6	Recovery Management Systems Corporation	\$ 3,074.11	\$ 28.87
7	US Bank N.A.	\$ 58,493.42	\$ 549.32
8	Ohio Edison	\$ 117.57	\$ 1.10

5.06

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receipt # 81873

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